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| **C:\Users\Enam\Desktop\EMS logo 3D.jpg** (License Num: MLA-127 & MLC 2006 Certified) | Revision No:  |  |
| Page: | Page 1 of 4 |
| Form No: |  |
| **Address** | H:23 (3RD Floor),Flat:3/A. Mansur Ali Sarani (Old 38,Magbazar Road)Dhaka: |
| **Email** | **resume@esm.com** | **Website** | **www.eurekashipmanagement.com** |



 Photo

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| Application for Employment |

|  |  |  |
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| 1 |  | Position REGISTRATION NO |
|  |
|  |  | Position applied for: | Oiler/ Engine Cadet |
|  |  | Are you willing to accept any other positions? |  |
|  |  | If YES, which positions would you consider? |  |
|  |  | Readiness From |  |

|  |  |  |
| --- | --- | --- |
| 2 |  | Personal details |
|  |  |  |
| Given Name: |  |  Sur Name:  |  | Marital Status: |  |
| Date of Birth:  |  | Date of Place: |  | Nationality:  |  |
| Height(cm): |  | Weight(kg): |  | Safety Shoe: |  | Boiler Suit: |  |
| Mailing Address: | Post Code:  |  |
|  : +88  | : +88  | Email:  | 146px-Skype_logo:  |

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| 3 |  | Education Background |
|  |  |  |  |  |  |
|  |  | Name of Institute | From Year | To Year | Highest Qualification Attained |
|  |  | School |  |  |  |  |
|  |  | College |  |  |  |  |
|  |  | Pre Sea-Training |  |  |  |  |
|  |  | Other Qualifications  |  |  |  |  |

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| 4 |  | Identity documents |
|  |
|  |  | DOCUMENT | COUNTRY | NUMBER | ISSUE DATE | PLACE OF ISSUE | EXPIRY DATE |
|  |  | Passport: |  |  |  |  |  |
|  |  | Seaman’s book: |  |  |  |  |  |
|  |  | Visa – US ‘C1/D’ | YES / NO |  |  |  |  |
|  |  | Holding Australian MCV | YES / NO |  |  |  |  |

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| 5 |  | Family details  |
|  |  |  |  |  |  |
|  |  | Next Of Kin/Nominee  | First Name:  |  | Sur Name:  |  | Relationship: |  |
|  |  | Address: |  |
|  |  | 🖁Hand Phone No. |  |  🕿Telephone No. |  |
|  |  | Relation | Name | P.O.B | D.O.B. | PPT NO. | D.O.I. | P.O.I. | D.O.E. |
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| 6 |  | National Certificate of Competency (Highest certificate of *competency held)*  |
|  |  |  |
|  |  | Class/Grade | Issuing Country | Certificate No. | Date Issued | Place Issued | Valid Until |
|  |   | CLASS- |  |  |  |   |  |
|  |  |  |  |  |  |  |  |

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| 6a |  | National Dangerous Cargo Endorsements |
|  |  |  |
|  |  |  | Endorsement Type | Certificate No. | Date Issued | Place Issued | Valid Until |
|  |  | Petroleum  |  |  |  |  |  |
|  |  | Liquefied Gas |  |  |  |  |  |
|  |  | Chemicals  |  |  |  |  |  |

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| 7 |  | Flag State Equivalent Certificates of Competency issued by other countries *(Issued by countries other than in Section 6)* |
|  |  |  |
|  |  | Class | Issuing Country | Certificate No. | Date Issued | Place Issued | Valid Until |
|  |  |  | Liberia |  |  |  |  |
|  |  |  | Panama |  |  |  |  |
|  |  |  | Bahamas |  |  |  |  |

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| 7 |  | Flag State Equivalent Dangerous Cargo Endorsements *(Issued by countries other than in Section 6a)* |
|  |  |  |
|  |  | Country | Endorse Type/ Level | Certificate No. | Date Issued | Place Issued | Valid Until |
|  |  | Liberia |  |  |  |  |  |
|  |  | Marshall Islands | Management |  |  |  |  |
|  |  | Panama  | Adv. Oil & Chemical |  |  |  |  |
|  |  |  |  |  |  |  |  |

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| 8 |  | Certificates (STCW and Value added) |
|  |  |  |  |  |  |  |  |
|  |  | Course | Institution | Place | Cert. No. | Issue Date(DD/MM/YY) | Expiry Date(DD/MM/YY) |
|  |  | Personal Survival Techniques |  |  |  |  |  |
|  |  | Basic / Advance Fire Fighting |  |  |  |  |  |
|  |  | Fire Prevention and Fire Fighting |  |  |  |  |  |
|  |  | Elementary First AID |  |  |  |  |  |
|  |  | Basic Training for Oil and Chemical Tanker Cargo Operation  |  |  |  |  |  |
|  |  | Medical First Aid |  |  |  |  |  |
|  |  | Capt.’s Medical Guide/ Medical Care |  |  |  |  |  |
|  |  | Proficiency in Survival Craft and rescue Boats other than First Rescue Boat-PSCRB |  |  |  |  |  |
|  |  | Personal Safety and Social responsibility |  |  |  |  |  |
|  |  | Ship Security Officer  |  |  |  |  |  |
|  |  | Tanker Familiarization (Oil, Chem, Gas) |  |  |  |  |  |
|  |  | Adv. Oil Tanker Course |  |  |  |  |  |
|  |  | Adv. Chemical Tanker Course |  |  |  |  |  |
|  |  | Bridge & Eng. Room Resource Mgmt. |  |  |  |  |  |
|  |  | Shipboard Safety Officer |  |  |  |  |  |
|  |  | Marine Environment Protection |  |  |  |  |  |
|  |  | ISPS Code Familiarization |  |  |  |  |  |
|  |  | Automatic Radar Plotting Aid (ARPA) |  |  |  |  |  |
|  |  | Electronic Navigation System |  |  |  |  |  |
|  |  | Security Awareness Training (SAT) |  |  |  |  |  |
|  |  | Security Training for Seafarer with designated Security Duties |  |  |  |  |  |
|  |  | High Voltage Installation |  |  |  |  |  |
|  |  | Elect. Chart Display & Info System |  |  |  |  |  |
|  |  | *OTHER RELEVANT COURSES* |  |  |  |  |  |
|  |  | Rating as Able Seafarer Engine (III/5) |  |  |  |  |  |
|  |  | Rating as Able Seafarer Deck (II/5) |  |  |  |  |  |
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| 99 |  | Record of previous service |
|  |  | (Please give a full record starting with the last vessel on which you served) |

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| VESSEL NAME | COMPANY | VESSEL TYPE | FLAG | DWT(MT) | GRT(MT) | MAIN ENGINE | BHP /(KW) | RANK | SIGN ON(DD/MM/YY) | SIGN OFF(DD/MM/YY) | SEATIME(MM-YY) | Reason For Termination |
| Maker | Type |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 10 |  | For Engineers (Please provide Makers, Model & Capacity details) |
|  |  |  |
|  |  | Boilers |  |
|  |
|  |  | Generators |  |
|  |
|  |  | Cranes / Grabs  |  |
|  |
|  |  | Purifiers |  |
|  |

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| 11 |  | Sailing Experience: (Please advise PRESENT RANK EXPERIENCE on each type of vessel) |
|  |  |  |
|  |  | CONT/RFG(MM-DD) | G. CARGO(MM-DD) | BC/OBO/RR(MM-DD) | PCC/PCTC(MM-DD) | OIL/VLCC(MM-DD) | CHEMICAL(MM-DD) | PRODUCT(MM-DD) | LPG/LNG(MM-DD) | OTHERS(MM-DD) | TOTAL RANKEXPERIENCE |
|  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |
|  |  | LAST SALARY DRAWN |  | EXPECTED SALARY |  |

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| 12 |  | References *(Please give the name and address of your current or immediate past employer)* |
|  |  |  |
|  |  | Company Name |  |  |
|  |  | Address |  |  |
|  |  | Contact Person / Designation |  |  |
|  |  | Contact Number/ E-Mail |  |  |

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| 13 |  | Miscellaneous ( *Please give the details of your FC account )* |
|  |  |  |  |  |
|  |  | Bank Name |  | Branch : |  |
|  |  | Account Name |  |
|  |  | Bank Address |  |
|  |  | Account No. |  | Swift / BIC Code |  |

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| 14 |  | Medical history |
|  |  |  |
|  |  | Have you ever signed off a ship due to medical reasons?  | Yes/No |  |
|  |  | Have you undergone any operation in the past?  | Yes/No |  |
|  |  | Have you consulted a doctor during the last 12 months for an illness/accident?  | Yes/No |  |
|  |  | Do you have any health or disability problems now?  | Yes/No |  |

 (If the answer is YES to any of the above, please give full details and attach a separate page if necessary)

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| 15 |  | Declaration |
|  |  |  |
|  |  | I hereby declare that the above particulars are true and authorize you to contact the referees listed above. |

|  |  |  |
| --- | --- | --- |
|   |  |  |
| Name/Signature | Date |